

Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 1, 2008

Scott Gruendl, Director Glenn County Behavioral Health 242 North Villa Willows, CA 95988

Dear Mr. Gruendl:

#### **AUDIT REPORT -- GLENN COUNTY BEHAVIORAL HEALTH**

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Glenn County Behavioral Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 1,054,654	\$ 1,049,122	\$ (5,532)
State General Funds EPSDT Due State	\$ 319,399	\$ 313,285	\$ (6,114)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Scott Gruendl, Director February 1, 2008 Page 2

Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

₩ WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GLTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

# GLENN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		-	As Settled	Audit Adjustments	As Audited
COUNTY PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$_	933,293 \$ 0 933,293 \$	(40,102) \$ 	893,191 0 893,191
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 3b) (Sch. 3b)	\$ \$ <u></u>	121,361 \$ 0 121,361 \$	34,570 \$ 0 34,570 \$	155,931 0 155,931
TOTAL FFP - COUNTY PLUS CONTRAC MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRAC		\$ \$ =	1,054,654 \$ 0 1,054,654 \$	(5,532) \$ 0 (5,532) \$	0_
SUMMARY OF STATE GENERAL FUNDS EPSDT - SGF	(Sch. 4)	\$ _	319,399 \$	(6,114)_\$	313,285

# GLENN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

COUNTY OF ERATED FEDERAL					Audit		
			As Settled		Adjustments		As Audited
Total Medi-Cal Gross Reimbursement		_	Assetticu	-	Adjustificuts	_	As Addited
Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	s.	0
Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	•	1,302,980	•	(108,822)	u .	1,194,158
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0,502,500		0		0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		12,607		12,607
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0		0
9. Total	(MITT)00, Bli 27, 2711)	\$_	1,302,980	\$_	(96,215)	\$	1,206,765
		_		_			
Less: Patient & Other Payor Revenues	(1.77.10.0.1				•		
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$		\$	0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		0		0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0	_	0
18. Total		\$ =	0	. \$ _	0	\$_	0
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		1,302,980		(96,215)		1,206,765
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)		0		0		0
25. Total	,	\$_	1,302,980	\$	(96,215)	\$_	1,206,765
Mcdi-Cal_MAA Reimburscment							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 11, Col. A) (MH1979, Ln 12, Col. A)	Þ	28,154	Ф	(1)	Ф	28,153
28. Service Functions 21-19	(MH1979, Ln 12, Col. A) (MH1979, Ln 13, Col. A)		80,638		(1)		20,133 80,637
28. Service Functions 21-19 29. Total	(MIT1979, LII 13, Col. A)	s –	108,792	- \$	(1)	<u>_</u>	108,791
27. IVIII		• =	100,792	<b>-</b>	(1)	<b>"</b> ==	100,791

# GLENN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments		As Audited
Amount Negotiated Rates Exceed Cost	() (II + 10 (0 ) 1						
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$		\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0	_	0
36. Total		<b>\$</b> =	0	\$ =	0	\$ =	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	235,239	\$	(14,432)	\$	220,807
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	138,303	\$-		\$	162,964
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ - \$	138,303	\$-	24,661	\$ -	162,964
57. Wed-Car Remodischer	(Lower or Ell 37, Ell 36)	=	130,303	=	24,001	*=	102,704
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limit	t (MH1979, Ln 8)	\$_	0	\$_	0	\$_	0
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	0	\$_	0_	\$_	0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	0	\$_	0	\$ _	0
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	120 724	\$	(5 674)	ď	115.050
		_	120,724	=	(5,674)	=	115,050
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$=	55,875	\$ =	(2,626)	<b>5</b> =	53,249
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	671,106	\$	(55,083)	\$	616,023
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		8,219		8,219
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	74,555		(0)		74,555
49. Administrative Reimbursement	(MH1979, Ln 6)		69,152		12,330		81,482
50. U.R. Skilled Professional	(MH1979, Ln 14)		90,543		(4,256)		86,288
51. U.R. Other	(MH1979, Ln 15)		27,937		(1,313)		26,625
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP	, , ,	\$ _	933,293	\$_	(40,102)	\$ _	893,191
54 Contract Limitation Adjuster	(MIL 1070 I = 22)	ø	^	æ	^	¢	^
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	-	0	-	0	-	0
56. Total SD/MC Reimbursement - FFP		\$_	933,293	\$_	(40,102)	\$_	893,191
Net Healthy Families Reimbursement - FFP						_	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0	\$	0	\$	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)		0		0		0
60. Total Healthy Families Reimbursement - FFP		\$_	0	\$	0	\$ _	0
61 Tatal EED (La 66   La 60)		•	022.202	•	(40.102)	ф -	902.101
61. Total - FFP (Ln 56 + Ln 60)		<b>\$</b> =	933,293	. \$ =	(40,102)	<b>5</b> =	(To Sch. 1)
							(10 501. 1)

Provider	<u></u> -			Pro	ovider Number	-	No. of Adj.		Fiscal P	eriod Ei	nded
	GLENN COL	JNTY			00011		36		June	30, 20	03
	Report Refe	erence					As		ncrease	•	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	6		Reported	(D	ecrease)		Adjusted
NO.	Scn.	Line	C01							 	
				ADJUSTMENTS TO REPORTED COSTS							
1 2	MH 1960 MH 1960	3 8	C C	PAYMENTS TO CONTRACT PROVIDERS ALLOWABLE COSTS FOR ALLOCATION		\$ \$	(543,422) 2,616,710	\$ \$	(70,469) (70,469)	\$ \$	(613,891) 2,546,241 *
			l I	To adjust payments to contract providers to agree with the County's and supporting documents.	records						
3	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$	2,546,241	\$	22,159	\$	2,568,400
				To adjust A-87 COWCAP costs to agree with formally approved pla	n.						
4	MH 1960	9	3	SD/MC ADMINISTRATION		\$	138,303	\$	(138,303) 0		\$0 * 0 *
5	MH 1960 MH 1960	10	3	HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION			94,798		(94,798)		0 *
- (	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS			233,101				233,101 *
				To eliminate the reported distribution of administrative costs. Costs redistributed after adjustments to administrative costs.	will be						
6	MH 1960	13	С	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$	120,724	\$	(120,724)		0 *
7	MH 1960 MH 1960	14 15	C	OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW			55,875 58,866		(55,875) (58,866)		0 *
8 -	MH 1960	16	č	TOTAL UTILIZATION REVIEW COSTS			235,465		(00,000)		235,465 *
				To eliminate the reported distribution of Utilization Review Costs (U will be redistributed to the proper cost centers after adjustments to t Review costs are made.	R). UR costs Utilization						
9	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS		** \$	233,101	\$	22,159	\$	255,260 *
				To adjust administrative costs in conjunction with adjustment number	er 3.						
				* Balance carried forward to subsequent adjustment.							
1		<u></u>	L	** Balance brought forward from prior adjustment.		<u></u>				<del></del> _	

California Health and Human Services Agency

Department of Mental Health

Provider	<del>-</del>		====		Provider Number	No. of Adj.	Fiscal	Period Ended
	GLENN COU	INTY			00011	36	Jun	e 30, 2003
	Report Refe	erence				As	Increase	As
Adj.	Form/		Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch	Line	<u>C01</u>					<del>                                     </del>
				ADJUSTMENTS TO REPORTED COSTS				
10	MH 1960	9	c	SD/MC ADMINISTRATION		1	\$ 162,964 0	\$ 162,964
1 [	MH 1960	10 11	C	HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION		**	0 92,295	92,295
11	MH 1960 MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS		** 255,26		255,260
		'-		To allocate total administrative cost among SD/MC, Healthy Fa Non SD/MC Administration based on the gross cost method pe of 63.8425% for SD/MC and 36.1575% for Non SD/MC.				
12	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		  **	\$112,954	\$ 112,954
13	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW		**	0 52,279	52,279
14	MH 1960	15 16	3	NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		235,46	0 70,232	70,232 235,465
-	MH 1960	16	3	To allocate the Non SD/MC Utilization Review portion related to Other SD/MC Utilization Review using the audited gross cost p. 71.47% for SD/MC and 28.53% for Non SD/MC.	o SPMP and ercentages of	255,40		255,755
15	MH 1960	18	3	MODE COSTS (DIRECT SERVICE AND MAA)		\$ 2,148,14	(70,469)	\$ 2,077,674
		j		To adjust reported Mode Costs in conjunction with Adjustment	2.	,		
	,			ADJUSTMENTS TO REPORTED MODES OF SER	VICE			
16	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM	2)	\$ 1,788,87		\$ 1,718,401
	MH 1964	7	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)		\$ 148,08		148,081 211,192
	MH 1964	8	1	SUPPORT SERVICES (MODE 60)		\$ 211,19	-	211,192
				To adjust costs at the mode level in conjunction with Adjustme	nt 15.	}		
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.		iod Ended
	GLENN COL	INTY			00011	36	June 3	0, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
	39,7			ADJUSTMENTS TO REPORTED SD/MC UNIT				
17 18	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To reclassify units reported in County cost report as SFC 15-58 to contract provider, SVFS, Inc. (See Adj. 31 & 32)	3	25,805 28,230 54,035	(25,805) (28,230) (54,035)	0 * 0 * 0 *
19 20 21 22 23	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A	Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/tin county operated facilities to agree with the State DMH Approve Report dated April 9, 2007. Above adjustments include Phase Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheet the units for the three (3) reimbursement periods.	ed Claims II. ns have	119,824 398,189 0 0 0 0 518,013	(896) (4,664) - 192 911 3,880 (577)	118,928 * 393,525 * 0 * 192 * 911 * 3,880 * 517,436
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide	г				Provider Number	No. of Adj.	Fiscal Per	iod Ended
	GLENN COL	JNTY			00011	36	June 3	0, 2003
	Report Refe	erence				As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
, , , , ,	99.11			ADJUSTMENTS TO REPORTED SD/MC UNITS				
24 25 26 27	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A	Total Total Total Total Total Total Info	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Above adjustments incli		** 118,928 ** 393,525 ** 0 ** 192 ** 911 ** 3,880 517,436	(15) (774) 0 (192) 0 592 (389)	118,913 * 392,751 * 0 * 0 * 911 * 4,472 * 517,047
28 29 30	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A	Total Total Total Total	Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 workshee the units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower or records or the State DMH Approved Claims Report. Above adjuinclude Phase II. Copies of workpapers detailing adjustments be functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.  * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.	s have ts, which reflects  If the County ustments by service	** 118,913 ** 392,751 ** 0 ** 911 ** 4,472 517,047	0 (564) 0 192 0 (592) (964)	118,913 * 392,187 * 0 * 192 * 911 * 3,880 * 516,083

Provide	r	=			Provider Number	No. of Adj.			eriod End	1
	GLENN COL	JNTY			00011		_	June ——	30, 2003	3
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	I .	Increase Decrease)	A	As djusted
No.	Sch.	Line	Col.			L				
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS	<u>8 -</u>					
31 32	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS			0 0	25,805 28,230 54,035		25,805 * 28,230 * 54,035 *
				To reclassify SFC 15-58 units to contract provider, SFVS Inc., in the County cost report. (See Adj. 17 & 18)	that were reported					
				ADJUSTMENTS TO REPORTED SD/MC SETTLEM	MENT					
33	MH 1979 MH 1979	21 27	1	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 933,2 933,2	0	(40,101) 0 (40,101)	\$	893,191 0 893,191
34	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	\$ 121,3 121,3	0	35,646 0 35,646	\$	157,008 0 157,008 *
				To adjust Total SD/MC Reimbursement (FFP) due to the adjus reported costs and units.	tments to					
35	Sch. 3b	Total	28	TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		** \$ 157,0	08   \$	(1,077)	\$	155,931
				Northern Valley Catholic Soc, Svc Rosewood Care Center	(934) (143) (1,077)					
				To adjust the FFP reimbursement for the contract providers to FFP contract maximum.	ne					
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.						

California Health and Human Services Agency

Department of Mental Health

Provider			<del></del>		Provider Number	No. of Adj.	1	eriod Ended
<u> </u>	GLENN CO				00011	36	June	30, 2003
	Report Ref	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	STMENTS Reported		(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT				
36	Sch. 4	8	3	TOTAL EPSDT SGF  To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, Column C of the form MH 1979 of the audited County and corcost reports.	17A, and 18,	\$ 319,399	\$ (6,114)	\$ 313,285 •
				* Delayer carried forward to subsequent adjust———				
				<ul> <li>Balance carried forward to subsequent adjustment.</li> <li>Balance brought forward from prior adjustment.</li> </ul>				

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH

### CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: GLENN COUNTY

County Code: 11

	Legal Entity: GLENN COUNTY	A	В	С
Leg	gal Entity Number: 00011	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	_ 1,371,998	1,860,516	3,232,514
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(613,891)	(613,891)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,371,998	1,246,625	2,618,623
6	Medi-Cal Adjustments from MH 1961			(50,223)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,568,400
	Administrative Costs (County Only)			
9	SD/MC Administration			162,964
10	Healthy Families Administration			
11	Non-SD/MC Administration			92,295
12	Total Administrative Costs			<u>255,260</u>
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			115,050
14	Other SD/MC Utilization Review			53,249
15	Non-SD/MC Utilization Review			67,167
16	Total Utilization Review Costs			235,466
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,077,674
19	Total Costs - Lines 9 through 18			2,568,400

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

#### DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: GLENN COUNTY

County Code: 11

Legal Entity: GLENN C	COUNTY	A	В	C
Legal Entity Number: 00011		Salaries		Total
		and Benefits	Other	Adjustments
1 EQUIPMENT DEPRECIATION	ON		(10,951)	(10,951)
2 MANAGED CARE OFFSETS	S		(16,035)	(16,035)
3 ORLAND EAST RENT			(29,146)	(29,146)
4 CBS COALITION		2000000	(16,250)	(16,250)
5				
6				
7 Per Audit:				
8 A-87 COWCAP Adjustment			22,159	22,159
9				
10				
11				
12				_
14				-
15				
16				
17	_			
18				
19	<del></del>			
20 Total Adjustments	-		(50,223)	(50,223)

### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: GLENN COUNTY

County Code: 11

	Legal Entity: GLENN COUNTY	A
Le	gal Entity Number: 00011	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,077,674
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,718,402
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	148,080
8	Support Services (Mode 60)	211,192
9	Total - Lines 2 through 8	2,077,674

⊥ΔI I ℓ	IFORNIA HEALTH AND HUMAN SERVICES AGI OCATION OF COSTS TO SERVICE FUNCTIONS			DET	All COST REP	PT T	DEPARTM	MENT OF MENTAL I PAGE Fiscal Year 20				
1	1966A (10/04)	- MODE TOTAL	DETAIL COST REPORT Fiscal									
	County: GLENN COUNTY											
	County Code: 11			CR	CR	CR	CR	CR				
	Legal Entity: GLENN COUNTY		A	В	C	D	E	F				
Leg	gal Entity Number: 00011	Mada Tabal	Service	Service	Service	Service	Service					
ļ	Mode: 15 - Outpatient (Program 1)		Mode Total	Function 01	Function 10	Function 30	Function 40	Function 50				
1	Allocation Percentage		100.00%	13.12%	7.54%	6.66%	34.96%	3.62%	$\vdash$			
	Total Units			138,736	61,960	54,729	287,354	29,748				
	Gross Cost		1,718,402	225,429	129,527	114,410	600,711	62,188				
	Cost per Unit SMA per Unit			1.62	2.09	2.09	2.09	2.09	L			
	Published Charge per Unit			1.71	2.20	2.28	2.28	2.20	-			
	Negotiated Rate / Cost per Unit											
8	alderge degrade geldeletere en betredeletere en deletere.	07/01/02 - 09/30/02		26,874	13,746	7,217	36,482	5,509				
8A	Medi-Cal Units	10/01/02 - 06/30/03		85,091	35,734	24,736	128,310	19,500				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							_			
10		10/01/02 - 06/30/03 07/01/02 - 09/30/02			162		30 421	<del></del>	-			
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03			845	159	1,788	<del></del>	Н			
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03										
11	Healthy Families (SED) Units	07/01/02 - 09/30/02										
11A	Non-Medi-Cal Units	10/01/02 - 06/30/03		26,771	11,338	22,617	120,323	4,739	⊢			
	Note:	lazarra anama	005.000	427-140-140-140-140-140-140-140-140-140-140			en eggadelegge					
13 13A	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	285,002 908,755	43,667 138,262	28,736 74,702	15,087 51,710	76,265 268,231	11,517 40,765	-			
14	Madi Cal CMA Managhining	07/01/02 - 09/30/02	310,565	47,567	31,341	16,455	83,179	12,561	$\vdash$			
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	990,269	150,611	81,474	56,398	292,547	44,460				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	299,932	45,955	30,241	15,877	80,260	12,120	_			
15A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	956,360	145,506	78,615	54,419	282,282	42,900	-			
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							-			
17		07/01/02 - 09/30/02				46.4 <u>.2</u> 30.6.434 <u>3</u> 40.	14.415.1414.14.4.4.4.4.4.4.4.4.4.4.4.4.4	<u> </u>	7.11			
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	401		339		63					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02										
18A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	438		369		68		-			
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	422		356		66		-			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02										
20A	the second secon	10/01/02 - 06/30/03		::::::::::::::::::::::::::::::::::::::	30000000000	Santoniano	10.000.000.000		23.25			
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	2,542		282		880					
21A		10/01/02 - 06/30/03	10,065		1,766	332	3,738		<u> </u>			
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03	2,769		1,927	363	960 4,077	<del></del>	$\vdash$			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	2,675		297		926					
23A	Findings 201/in Language Clarges	10/01/02 - 06/30/03	10,592		1,859	350	3,934					
24 24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	<u> </u>									
	500000000000000000000000000000000000000	10/01/02 - 06/30/03			<del></del>	<u> </u>	<u> </u>	<u></u>	27.52			
	Enhanced SD/MC (Refugees) Costs Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03 07/01/02 - 06/30/03							_			
	Enhanced SD/MC (Refugees) Published Charges		<del> </del>		+				-			
127 E		07/01/02 - 06/30/03										
		07/01/02 - 09/30/02			<u> </u>	<u>-:-:-:-:-:-:-:-:-:</u>		16, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27				
28 E												
28 E 29 29A	Healthy Families Costs	10/01/02 - 06/30/03	<del> </del>									
28 E 29 P 29A P	Healthy Families Costs  Healthy Families SMA Upper Limits	07/01/02 - 09/30/02										
28 E 29 29A 30 30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03										
28 E 29 29A 30 30A		07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02										
28 E 29 29A H 30 30A H 31 31A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03										

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: GLENN COUNTY
County Code: 11

inty Code: 11

Legal Prilly Number: 00011	Legal Entity: GLENN COUNTY		H	1	1 .ī	T K	1 1	Т м	
Mode: 15 - Outpatient (Program 1)				Service	Service		Service		Service
Allocation Percentage									Function
1   Allocation Percentage									
3. Gross Cost	1 Allocation Percentage				T				
SAFA per Unit	2 Total Units	tal Units							
Section   Sect	3 Gross Cost		83,671						
Section	4 Cost per Unit		3 12			2.512.12.13.51		20200000000	
6   Published Charge per Unit   3,29				<del></del>		<del> </del> -	<del> </del> -	<del></del>	<del> </del>
7   Negotiated Rafe / Costs per Unit					<del> </del>		<del></del>		<del> </del>
Medicar Units			0.20			<del> </del>	<del> </del>		
BA   Medicare/Medi-Cai Crossover Units   100/10/2 - 06/30/03   9,506	<u> </u>		3200000000000	950,050,050	PRESENTATION OF		DESCRIPTION OF THE PROPERTY OF	NOTE OF THE PARTY.	000000000000
Medicare/Medi-Cal Crossover Units   1070102 - 0973002   1070102									<b></b>
SA   Notice   School   Schoo	8A		9,506		<b> </b>	<b></b>	<b></b> _		<b></b> _
10					ļ	<b> </b>			<del></del>
Tool	[9A				<u> </u>	<u> </u>	ļ	ļ	<b> </b> -
10A   10B   Enhanced SDMC (Refugees) Units   1070102 - 0530003   1					<b> </b>	<b> </b>	<b> </b>	<u> </u>	<u> </u>
11	[10A]				<u> </u>		<del></del>	<b>_</b>	<del></del>
11A   Medi-Cal Collis						L	<del></del> -		<del></del>
Incompage   1,000mm   1,			├──-		<del></del>	<del> </del>	<del> </del>	<b>├</b> ───	h
13	TIA	10/01/02 - 06/30/03			<del> </del>	<u> </u>		├───	
13A   Modi-Cal SMA Upper Limits	12 Inon-Medi-Cal Units		12,909				22444		lancanana.
13A	13 Madi Cal Costs	07/01/02 - 09/30/02	13,596						
14A  Medi-Cal Published Charges	13A Wedi-Cai Costs	10/01/02 - 06/30/03	29,718						
14A    1001102   06/30/03   32,415   155   155   155   155   156	14 Madi Cal SMA Upper Limits	07/01/02 - 09/30/02	14,830						
155A   Medi-Cal Negotiated Rates   10/01/02 - 06/30/03   31,275   10/01/02 - 09/30/02   10/01/02 - 06/30/03	14A Medi-Cai SMA Opper Limits		32,415			_			
10G1/02 06/30/03   31,275	15 Marti Cal Bublished Charges	07/01/02 - 09/30/02	14,308						
16A   Medicare/Medi-Cal Crossover Costs   07/01/02 - 09/30/02   10/01/02 - 09/30/03   10/01/02 - 09/30/02   10/01/02 - 09/30/03	15A Medi-Cai Published Charges		31,275						
177	16 Madi Cal Nagotisted Pates	07/01/02 - 09/30/02							
Nedicare/Medi-Cal Crossover Costs	16A Wedi-Car Negotiated Rates	10/01/02 - 06/30/03							
177A	<u> 1900 gandiin aanad na dhii aanad na abaa abaa abaa a</u>	8000088900889008			<u> Magaziek dizetek</u>	<u> </u>			<u> </u>
18					<del> </del>	<del> </del> -	<del></del>	<del>                                     </del>	
18A   Medicare/Medi-Cal Crossover Published Charges   10/01/02 - 08/30/03   10/01/02 -	10				<del></del>		<del> </del>	<del>                                     </del>	
19					<b> </b> -				
19A   Medicare/Medi-Cal Crossover Negotiated Rates   10/01/02 - 09/30/03   07/01/02 - 09/30/02   07/01/02 - 09/30/03   07/01/02 - 09/30/02   07/01/02 -	10				<del> </del>	L			
20   20A   Medicare/Medi-Cal Crossover Negotiated Rates   07/01/02 - 09/30/02   10/01/02 - 06/30/03   20A   21A   21A   21A   22A   22A   22A   23A   23A   24A   24A   24A   24A   24A   25A   25A			<del></del>		<del> </del>	-			
20A   Medicare/Medi-Cal Crossover Negotiated Rates   10/01/02 - 06/30/03	20				<del></del>			<del></del>	
21									
21A   Enhanced SD/MC Costs   10/01/02 - 06/30/03	<u> </u>		arrager acti	<del>dangara</del> a	<u> </u>	agent Contract		erterante terran	<u> Patricial de la composition</u>
Enhanced SD/MC SMA Upper Limits									
22A   Emanced SD/MC Published Charges   10/01/02 - 06/30/03   10/01/02 - 09/30/02   10/01/02 - 09/30/02   10/01/02 - 09/30/02   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 06/30/03   10/01/02 - 06/30/03   10/01/02 - 06/30/03   10/01/02 - 06/30/03   10/01/02 - 09/30/03   10	21A								
23									
23A   Enhanced SD/MC Negotiated Rates   10/01/02 - 06/30/03   07/01/02 - 09/30/02   10/01/02 - 06/30/03   10	ZZA							L	
1001/02 - 06/30/03   24   24A   24								<b>└──</b> ─	
24A   Elinanced SUMC (Refugees) Costs   10/01/02 - 06/30/03	23A				L			⊢———	
25   Enhanced SD/MC (Refugees) Costs   07/01/02 - 06/30/03							L	⊢	
26       Enhanced SD/MC (Refugees) SMA Upper Limits       07/01/02 - 06/30/03       07/01/02 - 06/30/03         27       Enhanced SD/MC (Refugees) Published Charges       07/01/02 - 06/30/03       07/01/02 - 06/30/03         28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03       07/01/02 - 06/30/03         29       Healthy Families Costs       07/01/02 - 09/30/02       07/01/02 - 09/30/03         30       Healthy Families SMA Upper Limits       07/01/02 - 09/30/02       07/01/02 - 09/30/02         30A       Healthy Families Published Charges       07/01/02 - 06/30/03       07/01/02 - 09/30/02         31       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       07/01/02 - 09/30/02         32       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       07/01/02 - 09/30/02	Z4A	10/01/02 - 06/30/03				2424 <del>2</del> 424.4.4444	*****	h	
26       Enhanced SD/MC (Refugees) SMA Upper Limits       07/01/02 - 06/30/03       07/01/02 - 06/30/03         27       Enhanced SD/MC (Refugees) Published Charges       07/01/02 - 06/30/03       07/01/02 - 06/30/03         28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03       07/01/02 - 06/30/03         29       Healthy Families Costs       07/01/02 - 09/30/02       07/01/02 - 09/30/03         30       Healthy Families SMA Upper Limits       07/01/02 - 09/30/02       07/01/02 - 09/30/02         30A       Healthy Families Published Charges       07/01/02 - 06/30/03       07/01/02 - 09/30/02         31       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       07/01/02 - 09/30/02         32       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       07/01/02 - 09/30/02	25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			,				<u> </u>
27       Enhanced SD/MC (Refugees) Published Charges       07/01/02 - 06/30/03       07/01/02 - 06/30/03         28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03       07/01/02 - 06/30/03         29       Healthy Families Costs       07/01/02 - 06/30/03       07/01/02 - 06/30/03         30       Healthy Families SMA Upper Limits       07/01/02 - 06/30/02       07/01/02 - 06/30/03         31       Healthy Families Published Charges       07/01/02 - 06/30/03       07/01/02 - 06/30/03         31       Healthy Families Negotiated Rates       07/01/02 - 06/30/03       07/01/02 - 06/30/03									
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03									
Pealthy Families Costs	_ <del></del>								
29A   Healthy Families Costs   10/01/02 - 06/30/03				adiriktariada		anda, idada		<u> </u>	
10/01/02 - 06/30/03					<b> </b>		<del></del>	<del> </del>	
30A   Fleatiny Families SMA Upper Limits   10/01/02 - 06/30/03	29A						<del></del>		
31   Healthy Families Published Charges   07/01/02 - 09/30/02					<del></del>		<del> </del> -	<del></del>	
10/01/02 - 06/30/03   10/01/02 - 06/01/02 - 06/01/02   10/01/02 - 06/01/02   10/01/02 - 06/01/02   10/01/02 - 06/01/02   10/01/02					<del> </del>				
31A 10/01/02 - 06/30/03 32					<del> </del>				
32A Healthy Families Negotiated Rates 10/01/02 - 06/30/03	31A				<del> </del> -		<u> </u>		
32A 10/01/02 - 06/30/03					<del></del>		<b> </b>	r <del></del>	
33 Non Modi Cal Costs	32A	10/01/02 - 06/30/03	252235022	303200000000000000000000000000000000000	<u></u>				
00   1401-141Cur-Qai 00313   40,307	33 Non-Medi-Cal Costs		40,357						

ÇR

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: GLENN COUNTY
County Code: 11

	County: GLENN COUNTY  County Code: 11		MAA	MAA	MAA	MAA	MAA	
	Legal Entity: GLENN COUNTY	A	В	С	D	E	F	G
Le	egal Entity Number: 00011		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			11	14	24	27	35	
1	Allocation Percentage	100.00%	0.08%	17.43%	61.49%	12.63%	8.37%	
2	Total Units		197	30,090	102,799	29,968	19,151	
3	Total Expenditures	148,080	121	25,806	91,053	18,706	12,394	
4	Cost per Unit		0.61	0.86	0.89	0.62	0.65	
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: GLENN COUNTY County Code: 11

	County Code: 11		CR	CR	CR	CR	CR	
	Legal Entity: GLENN COUNTY	A	В	C	_D	E	F	G
LE	egal Entity Number: 00011		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support		Function	Function	Function	Function	Function	Function
			20	30	34	41	33	
1	Allocation Percentage	100.00%	3.69%	24.67%	51.08%	6.79%	13.76%	
2	Total Units		2,000	30,000	21,772	1,090	73,421	
3	Gross Cost	211,192	7,801	52,098	107,877	14,348	29,068	
4	Cost per Unit		3.90	1.74	4.95	13.16	0.40	<u></u>
5	Non-Medi-Cal Units (Same as Line 2)		2,000	30,000	21,772	1,090	73,421	
6	Non-Medi-Cal Costs (Same as Line 3)	211,192	7,801	52,098	107,877	14,348	29,068	<u> </u>

Fiscal Year 2002-2003

	County: GLENN COUNTY County Code: 11				REIMBURS	EMENT TYPE	PC		Costs		1	Costs	1
	Legal Entity: GLENN COUNTY		A	В	С	D	E	F	G	Н	ı	j	K
Leg	gal Entity Number: 00011		-	Mode 55		Total	Total Inpatient				Total Outpatient		Total Outpatient
				S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
-	T	07/01/02 - 09/30/02	S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1) 285,002	Program (2) 285,002	Program (2)	285,002
1A	Medi-Cal Costs	10/01/02 - 06/30/03								908,755	908,755		908,755
2	- Medi-Cal SMA	07/01/02 - 09/30/02								310,565	310,565		310,565
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02								990,269	990,269		990,269
3A	Medi-Cal P. C.	10/01/02 - 06/30/03								299,932 956,360	299,932 956,360		299,932 956,360
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03								11-1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			120200000000000000000000000000000000000
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								285,002	285,002		285,002
5A		10/01/02 - 06/30/03							**********	908,755	908,755		908,755
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03	100000000000000000000000000000000000000							401	401		401
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								401	401		401
7A	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03								438	438		438
8 8A	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								422	422		422
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02								722	722		722
9A	The second control of the second seco	10/01/02 - 06/30/03					0.000.000.000.000						
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02						1					
10A		10/01/02 - 06/30/03								401	401		401
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								285,002	285,002		285,002
11A		10/01/02 - 06/30/03							***********	909,156	909,156		909,156
12 12A	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del></del>		2,542 10,065	2,542		2,542 10,065
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								2,769	2,769		2,769
13A	Einanced SD/MC (Children) SMA	10/01/02 - 06/30/03								10,968	10,968		10,968
14 14A	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								2,67 <u>5</u> 10,592	2,675 10,592		2,675
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02								10,552	10,032		10,032
15A	Emailored objects (ormation) 14, 14.	10/01/02 - 06/30/03					*.****.*.*.*.*.*.	*************	*************	*********			
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								2,542	2,542		2,542
16A		10/01/02 - 06/30/03						************	***********	10,065	10,065		10,065
17	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03 07/01/02 - 06/30/03	<u> </u>					<del>                                     </del>					
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03					_						
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								287,544	287,544		287,544
21A 22	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03								919,221	919,221		919,221
	Elinanced SD/MC (Relugees) Gloss Rein.	<u> 1. Proposition de la companya de l</u>								***********		. *****************	
23 23A	Healthy Families Cost	07/01/02 - 09/30/02						-					
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A	Treating Families SWA	10/01/02 - 06/30/03											
25 25A	Healthy Families P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	100,000,000								_		
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03						landship in the		1000000000	erdanistatat		
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02											
27A	Less: Patient and Other Payor Revenues	10/01/02 - 06/30/03						***********					 
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					. + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		:-:-:-:-::::::::::::		****************		
28A		10/01/02 - 06/30/03											
29 30	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues							<del></del>					
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)			38,321	109,759	148,080							
33	Medi-Cal Eligibility Factor (Average)			73.4									
34	Revenue - MAA	<u> </u>											
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02		28,153	80,637	108,791				287,544	287,544		287,544
35A 36	Net Due - Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03	100000000000000000000000000000000000000							919,221	919,221		919,221
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03					ururu ur <u>ururur</u> urur			**********		<u> </u>	
36	Amount Negotiated Rates Exceed Costs	107/04/00 00:00:00											
38 38A	SD/MC (Includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
38A 39	Enhanced SD/MC (Refugees)												
40		07/01/02 - 09/30/02	1										

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH

#### DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: GLENN COUNTY County Code: 11

Legal Entity: GLENN COUNTY

Lega	al Entity Number: 00011	A	В	С	_ D	<u>E</u>	F_	
	Data Type	Net Dire	ct Costs	FF	-P	Effective		
	Data Type	(Gross Reim. C	osts - Revenue)	Dol	lars	FF	P%	
	Source	MH1	970s	MH1	970s	Calcu	ulated	
		Column N	Column Q	Column R	Column U		ilateu	
	Formula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1	05 - Hospital Inpatient (SFC 10-19)						A team of the latest and the latest	
2	05 - Other 24 Hour Services (All Other SFC)							
3	10 - Day Services				-	A Toronto		
4	15 - Outpatient (Program 1)	285,002	909,156	146,491	469,532			
5	15 - Outpatient (Program 2)							
6	Totals	285,002	909,156	146,491	469,532		Tarana da la serie de la companya d	
7	Totals from MH1979	285,002	909,156	146,491	469,532			
8	Effective SD/MC FFP %					51.40%	51.64%	

**DETAIL COST REPORT** 

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

#### SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003 County: GLENN COUNTY Source: Source:

County Code: 11						Source.   MH1978 E8	MH1978 F8			
Legal Entity: GLENN COUNTY	A	В	С	D	E	F	G	Н	T	J
Legal Entity Number: 00011	Total	Total	Total		50%	51.40%	51.64%	Variable %	75%	Total
	MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement			1,206,765	1,206,765						
Contract Provider Medi-Cal Direct Service Gross Reimbursement		32,070	233,213	265,283						
3 Total Medi-Cal Direct Service Gross Reimbursement				1,472,048						
4 Medi-Cal Administrative Reimbursement Limit				220,807						
5 Medi-Cal Administration				162,964						
6 Medi-Cal Administrative Reimbursement				162,964	81,482					81,482
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement										
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	<u> </u>									<u> </u>
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	28,153			28.153	14.077					14,077
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	80,637			80,637					60,478	60,478
				aga contact qualificati					<u>104044444644</u>	244444444444
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				115,050					86,288	86,288
15 Other SD/MC Utilization Review (County Only)				53,249	26,625					26,625
SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02			285,002	285,002		146,491				146,491
16A SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03			909,156	909,156			469,532			469,532
17 Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02			2,542	2,542				1,677		1,677
[17A] \			10,065	10,065				6,542		6,542
18 Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess FFP										893,191
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		**************************************	<u></u>							0/5,1/1
21 Total SD/MC Reimbursement (FFP)										893,191
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										893,191
24 1 07/01/02 - 09/30/02										<u> सम्बद्धान्य वर्षात्रकाः</u>
244 Healthy Families Net Reimbursement 10/01/02 - 09/30/02 10/01/02 - 06/30/03										<del></del>
25 Total Healthy Families Reimbursement Before Excess FFP				800000000000000000000000000000000000000						<del></del>
26 Amount Negotiated Rates Exceed Costs - Healthy Families										<del></del>
27 Total Healthy Families Reimbursement										
10tal nealthy ramilles Reinbursement										L